

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT						
	CND	DEP	CND	DEP	CND	DEP				CND	DEP
1							31				
2							32				
3							33				
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49											
50											
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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1

11  
4  
2  
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36  
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8  
95